

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



11141826

FILING DATE MAR 10 2014

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123- 2014-054783

1. DECEDENT'S LEGAL NAME (First, Middle, Last) Christian Shane Andreacchio		2. SEX Male	3a. HOUR OF DEATH 3:45p	3b. DATE OF DEATH (Month, Day, Year) February 26, 2014
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____				
5a. AGE AT LAST BIRTHDAY 21 Years		5b. MONTH 11 5c. DAYS 04		6. DATE OF BIRTH (Month, Day, Year) November 4, 1992
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (Specify): RELATIVE HM.		7. BIRTH PLACE (State or Foreign Country) MS		
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) 801 Deer Run		9b. CITY, TOWN OR LOCATION OF DEATH Meridian		9c. ZIP CODE 39301
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		11. MARTIAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Unknown		
12. SURVIVING SPOUSE (If wife, give maiden name)		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		
14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino. (Specify) _____				
15. SOCIAL SECURITY NUMBER 425-75-4618		16a. USUAL OCCUPATION (Kind of work done most of working life) Shipmate		16b. KIND OF BUSINESS OR INDUSTRY Barge
17a. RESIDENCE - STATE MS	17b. CITY OR TOWN Lauderdale	17c. ZIP CODE 39335	17d. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) 3776 Lake Shore Drive	
18. FATHER'S NAME (First, Middle, Last) Todd Andreacchio		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Rae Thompson		
20a. INFORMANT - NAME (Type or print) Todd Andreacchio		20b. RELATIONSHIP TO DECEDENT Father		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 3776 Lake Shore Drive, Lauderdale, MS 39335
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) Burial		21b. CEMETERY/CREMATORY - NAME Hebron Bapt. Ch. Cem. Meridian, MS		21c. LOCATION (City and State) Meridian, MS
22a. FUNERAL HOME (Who first assumed custody of body) Robert Barham Family Funeral Home		22b. FUNERAL HOME LICENSE NUMBER 635		22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 6300 Highway 39 North, Meridian, MS. 39305
22d. FUNERAL HOME (If body was transferred prior to disposition)		22e. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Marl C. Cobler, III Lauderdale County CMEI		23b. PRONOUNCED DEAD (Month, Day, Year) February 26, 2014		23c. PRONOUNCED DEAD (Time) 4:20p
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) Marl C. Cobler, III		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 11112 Suqualena Drive Ext., Meridian, MS. 39305		
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: _____ MD/DO 25b. DATE SIGNED (Month, Day, Year) 25c. STATE LICENSE NUMBER		25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: _____ 25f. TITLE Lauderdale County Medical Examiner 25g. DATE SIGNED (Month, Day, Year) February 26, 2014		
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.				
IMMEDIATE CAUSE (final disease or condition resulting in death) → (a) Gunshot Wound to Head DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year		
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Undetermined		32b. DATE OF INJURY (Month, Day, Year) 02/26/2014	32c. TIME OF INJURY 3:45p	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Gunshot wound to head
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		32f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Home		
32g. INJURY AT WORK (Yes or No) No		32h. LOCATION 801 Deer Run	32i. CITY OR TOWN Meridian	32j. STATE MS

MISSISSIPPI STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

3/11/2014

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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